

Image# 201611309037584289

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Lofgren, Zoe, , ,			2. Candidate's FEC Identification Number H4CA16049	
(b) Address (number and street) c/o Contribution Solutions, LLC 123 E. San Carlos St., #531		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code San Jose CA 95112		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate CA 19		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Lofgren for Congress		
(b) Address (number and street) c/o Contribution Solutions, LLC 123 E. San Carlos St., #531		
(c) City, State, and ZIP Code San Jose CA 95112		

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Lofgren Victory Fund		
(b) Address (number and street) c/o Contribution Solutions, LLC 123 E. San Carlos St., #531		
(c) City, State, and ZIP Code San Jose CA 95112		

*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

Signature of Candidate Lofgren, Zoe, , ,  <i>[Electronically Filed]</i>	Date 11/30/2016
--	--------------------

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--